



FP-102

The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Fire Services

Post Office Box 1025, Stow, Massachusetts 01775

Main: (978) 567~3100 Fax: (978) 567~3199



Annual Inspection Form

for a tank, in excess of 10,000 gallon gross capacity, for the aboveground storage of fluids other than water

Pursuant to Massachusetts General Laws (M.G.L.) c. 148, § 37, all aboveground storage tanks, subject to the requirements of 502 CMR 5.00, shall be inspected annually. All information must be typed or neatly printed. All fields must be completed or the **Annual Inspection Form** will be returned. A separate **Annual Inspection Form** shall be submitted for each individual tank on or before December 1st. For tank construction or installation, use the **Application for Construction and Installation**. For tank maintenance, as defined in 502 CMR 5.00, use the **Application for Maintenance**.

Business Name: _____

Street Address: _____

Business (mailing) Address: _____

Address (or location) of Tank: _____

Contact Name: _____ Title: _____

Telephone Number: _____ Fax Number: _____

The Tank is: ☐ In-Service ☐ Out-of-Service ☐ Abandoned, since (date): _____

Description of Tank: _____

Date Constructed/Manufactured: _____ Tank Serial Number: _____

Massachusetts Department of Public Safety Tank Number, if any: _____ ☐ None

Office of the Massachusetts State Fire Marshal Number, if any: _____ ☐ None

Tank Constructed/Manufactured according to: A.P.I.: _____ A.S.M.E.: _____ U.L.: _____ Other: _____

Tank Construction Standard: _____ Tank Gross Capacity: _____ Tank Nominal Capacity: _____

☐ Horizontal Tank: Diameter (Feet): _____ Length (Feet): _____

☐ Vertical Tank: Diameter (Feet): _____ Length (Feet): _____

Fluid to be Stored in Tank: _____ Flash Point (°F): _____

Is this Tank located in a Vault? ☐ Yes ☐ No If Yes, describe vault and associated equipment: _____

Please continue comments on a separate page. Separate page(s) included? ☐ Yes, number of pages included: _____ ☐ No

Compartmented Tank? ☐ Yes ☐ No If so, number of compartments and capacities: _____

Secondary Containment Tank (Double Wall Tank)? ☐ Yes ☐ No Retaining Basin (Dike) provided? ☐ Yes ☐ No

Net Capacity of Dike: _____

OSFM OFFICE USE ONLY

Fee Paid: _____ Date Received: _____ Date Entered: _____ Entered By: _____

Description of Retaining Basin (Dike): ☐ Metal ☐ Clay ☐ Reinforced Concrete ☐ Other, describe: _____

Please continue comments on a separate page. Separate page(s) included? ☐ Yes, number of pages included: _____ ☐ No

The following annual tank inspection checklist can only be used for tank constructed to the American Petroleum Institute (API) Standard 650, its predecessor 12C or any steel tank constructed in accordance with a nationally recognized tank specification.

For all other tanks, the inspector must propose an alternative tank inspection checklist appropriate for the tank. The alternative checklist must be submitted and approved by the Office of the State Fire Marshal, AST Program prior to being utilized. The tank construction standard and the date of construction must be stated. **Any annual tank inspection documented on a non-approved tank inspection checklist will not be accepted.**

Has the tank been constructed to API 650 or 12C?

☐ Yes, use the following annual tank inspection checklist.

☐ No, answer the following question.

Is the tank a steel tank constructed in accordance with a nationally recognized tank specification?

☐ Yes, use the following annual tank inspection checklist.

☐ No. **The following annual tank inspection checklist can not be used. The inspector must propose an alternative tank inspection checklist appropriate for the tank.** The alternative checklist must be submitted and approved by the Office of the State Fire Marshal, AST Program prior to being utilized. The approved alternative checklist must be completed and attached to this Annual Inspection Form.

Date of Inspection: _____

Month / Date / Year

	Satisfactory	Unsatisfactory	Comments
Foundation			
Check for foundation levelness.			
Inspect for broken concrete.			
Inspect for spalling.			
Inspect for cracks.			
Inspect for cavities under foundation.			
Inspect for vegetation around the bottom of the tank.			
Inspect for settlement around the perimeter of the tank.			
Check water drains away from the tank.			
Check for signs of leakage.			
Check the bottom to foundation seal, if any.			
Check for the good general condition of the foundation			
Other:			
Other:			
Tank			
Check for proper signage.			
Inspect for paint failures.			
Inspect for corrosion.			
Inspect for pitting.			
Inspect for dents.			
Inspect for gouges.			
Inspect for shell distortions.			
Inspect for shell deformations.			
Check for signs of leakage.			
Check that the tank is properly grounded.			
Check that the tank has the proper static protection.			
Check for the good general condition of the tank.			
Other:			
Other:			

	Satisfactory	Unsatisfactory	Comments
Related Equipment (Appurtenances)			
Check for proper signage.			
Inspect for paint failures.			
Inspect for corrosion.			
Inspect for pitting.			
Inspect for dents.			
Inspect for gouges.			
Check that the appurtenances are properly secured.			
Check that the appurtenances are in good working condition.			
Check for signs of leakage.			
Check that fire protection equipment is inspected and maintained.			
Check the tank insulation, if applicable.			
Check for the good general condition of the appurtenances.			
Other:			
Other:			
Dikes (Secondary Containment)			
Check that it is appropriately sized.			
Check for any breaches.			
Check for any penetrations.			
Inspect that any penetrations are sealed liquid tight.			
Inspect for corrosion.			
Inspect that the dike drains to an appropriate location.			
Check that a building is not located inside the dike.			
Check for storage inside of the dike.			
Check for vegetation inside of the dike.			
Check for combustibles inside the dike.			
Check that access/egress ladders, stairs or ramps are in good condition.			
Check for the good general condition of the dikes.			
Other:			
Other:			

The Office of the State Fire Marshal **and** the head of the local fire department must be notified at least 14 days prior to the date of the intended inspection and given the opportunity to observe or participate in the inspection process.

Was the local fire dept. present for the inspection? ☐ Yes ☐ No Local fire dept. representative: _____

Local fire department comments: _____

Please continue comments on a separate page. Separate page(s) included? ☐ Yes, number of pages included: _____ ☐ No

Inspector's Name: _____

Business Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Check one:

- ☐ American Petroleum Institute (API) 653 Inspector, Number: _____
- ☐ Massachusetts Registered Profession Engineer, Number: Discipline: _____
- ☐ Other Inspector. All "Other Inspectors" must be previously approved in writing by the Office of the State Fire Marshal, AST Program.

Is there a valid license (M.G.L. c. 148 § 13) for this product?:

☐ Yes ☐ No ☐ Not Required

If Yes, fill out the following: Licensing Authority: _____ Expiration Date: _____

Is there a valid flammable/combustible liquids permit (M.G.L. c. 148 § 10A & 23) for this product?

☐ Yes, expiration date: _____ ☐ No ☐ Not Required

Has this tank been inspected in the nature and frequency as prescribed in 502 CMR 5.05(1)? ☐ Yes ☐ No

Does this tank have an accurate written record as prescribed in 502 CMR 5.05(2)? ☐ Yes ☐ No

Has this person principally in charge of the tank signed each inspection record, per 502 CMR 5.05(2)? ☐ Yes ☐ No

If any answers of the above three questions were "No", please list and describe each violation. _____

Please continue comments on a separate page. Separate page(s) included? ☐ Yes, number of pages included: _____ ☐ No

Have any permits for maintenance (502 CMR 5.04(1)) been issued since the last Annual Inspection Form was submitted?

☐ Yes ☐ No If "Yes", the date the permit was issued by the Office of the State Fire Marshal: _____

Have any permit for emergency repair (502 CMR 5.04(3)(e)) been issued since the last Annual Inspection Form was submitted?

☐ Yes ☐ No If "Yes", the date the permit was issued by the Office of the State Fire Marshal: _____

By signing below, I certify that this facility was duly inspected in accordance with 502. CMR 5.00 and to the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes are all in good working condition and are compliant with the applicable regulations and standards.

Inspector's Signature: _____ Date: _____

Submittal Requirements – Please remember to include the following and mail to **Office of the State Fire Marshal, Technical Services, P.O. Box 1025, Stow, MA 01775, Attention: AST Program**. The package must be postmarked on or before December 1st, 2000 and on annual basis thereafter.

- ☐ The original Annual Inspection Form. **One tank per Annual Inspection Form.**
- ☐ If any, the original description of the vault and associated equipment.
- ☐ If any, the original description of the retaining basin.
- ☐ If any, Office of the State Fire Marshal "Other Inspector" (502 CMR 5.06(2)) reference number: _____
- ☐ If any, the completed alternative tank inspection checklist (502 CMR 5.06(3)) and the Office of the State Fire Marshal approved alternate checklist number: _____
- ☐ If any, the original of the local fire department comments. (502 CMR 5.06(2))
- ☐ If any, an original copy of the list and description of each violation of 502 CMR 5.05(1) and (2).
-
-